



# RESOURCE MANAGEMENT AGENCY

## Environmental Health Department

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Event #: \_\_\_\_\_ Invoice #: \_\_\_\_\_ Entered By: \_\_\_\_\_ Date: \_\_\_\_\_

### Organizer/Sponsor Health Permit Application for Sponsors of Food and Beverage Booths at Community Events in Madera County (Please complete all sides of the Application. Page 1 of 6)

#### SPONSOR/ORGANIZER INFORMATION

Name of Sponsor/Organizer (please print): \_\_\_\_\_

Name of Main Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: ( ) \_\_\_\_\_ Fax Phone: ( ) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ E Mail: \_\_\_\_\_

#### EVENT INFORMATION

Name of Event: \_\_\_\_\_

Event Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ Time: \_\_\_\_\_ End Date: \_\_\_\_\_ Time: \_\_\_\_\_

Number of Booths: \_\_\_\_\_ Time Food Booths Will be Prepared for Inspections Before Start of Event: \_\_\_\_\_

Non-Profit: ☐ 501-C3 (Provide Copy)  
☐ VA Exception DD-214 (Provide Copy)

☐ For Profit

☐ I am operating for the benefit of a non-profit association (if this box is checked, please read below, provide non-profit letter and sign where indicated)

Non-Profit Association : 1. Name \_\_\_\_\_  
2. Contact # \_\_\_\_\_

Note\*An organization that was organized and is in operation for charitable purposes and meets the requirements of CalCode Section 113842, Section 214 of the Revenue and Taxation Code. A corporation incorporated pursuant to the Nonprofit Corporation LAW (Division 2 (commencing with Section 5000) of Title 1 of the Corporations Code), that is exempt from taxation pursuant to paragraphs (1) to (10), inclusive, and paragraph (19) of Section 501 (c) of the Internal Revenue Code and Section 23701d of the Revenue and Taxation Code. Organizers/Food Vendors that comply with CalCode Section 113789(c)(1) certify by signing below that they will receive no monetary benefit other than that resulting from recognition for participating in this event and are not subject to a health permit fee.

An Organizer/Sponsor Permit and Concessionaire Permits are required for each event (California Health and Safety Code Sections 114381). Permits must be obtained prior to arriving at the event. **No permits will be issued at an event.** An Organizer/Sponsor application and all fees must be completed and submitted to this office by the event organizer at least **two weeks prior to the event**, along with a completed and signed Community Event Food Concessionaire Application for **each** booth or food vehicle that will sell or give away food or beverages at the event. The Organizer/Sponsor must submit one payment for the Organizer and Concessionaire Health Fees as per the most current fee schedule approved by the Board of Supervisors. Failure to comply with the above conditions may result in closure of food booths and/or additional fees. **The Organizer/Sponsor is Responsible for all Completed Health Applications and payments that must be received by Madera County Environmental Health Dept. at least 14 working days prior to the event date.**

I understand that improperly handled food served to the public can cause illness. I further understand that to prevent foodborne illness, and to encourage the sanitary handling of food, temporary food facilities should be operated and equipped to comply with applicable requirements of the **California Health & Safety Code, Division 104, Part 7, California Retail Food Code**. I have been given a copy of the handout **Requirements for Temporary Food Facilities**.

***I have read, understood and will abide by the requirements for temporary event sponsors and temporary booth food sales.***

Application completed by: \_\_\_\_\_ Title: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

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Name of Booth(s) / Organization(s)

Name of Booth(s)/Organization(s)			Count of Facilities/Booths (Refer to each Concessionaire Application)		
Booth Name	Operator Name	Contact Number(s)	Annual Mobile Food Facility	Profit	Non-profit
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
18.					
19.					

**Organizer/Sponsor Health Permit Application** for Sponsors of Food and Beverage  
Booths at Community Events in Madera County *Please complete all sides of the Application.* Page 3 of 6

**Water Supply**

Location of potable water

Quantity of potable water (at least 20 gallons/booth per day)

Maximum distance to a booth from the water supply

**Liquid Waste Disposal**

Location of disposal

Type of container or disposal method

Capacity of container

**Trash Disposal**

Trash containers provided? YES ☐ NO ☐

How often are trash containers emptied?

Is there a central refuse collection site? (Indicate it on the site map.) YES ☐ NO ☐

Is there a secondary refuse collection site? (Indicate it on the site map.) YES ☐ NO ☐

Person(s) Responsible for trash removal.

Name:

Address:

**Toilet Facilities** (with hot and cold water and attached dispensers with single use soap & towels)

A minimum of one toilet for every 15 food handlers is required.

Number of toilets: FIXED \_\_\_\_\_ PORTABLE \_\_\_\_\_ (with water, soap & towels inside)

Location and distance from food booths. Number of feet from booths?: (show on site map)

Location:

Distance:

All toilet facilities shall have handwashing stations available. (i.e., running water, liquid soap and towels in dispensers?)

YES ☐ NO ☐

Give Details:

**Lighting and Electrical**

If it is a night event, will you have lighting? YES ☐ NO ☐

Give Details

Is electrical service provided for food equipment at food booths? YES ☐ NO ☐

**Handwashing Facilities and Utensil Washing for Each Booth**

One handwashing station per food booth is required.

The use of 3 separate 5 gallon dish tubs/buckets or one plumbed/portable 3 compartment sink per food booth is required or A maximum of 4 booths may share one plumbed/portable 3-complartment sink. *One tablespoon of Bleach for each gallon of water*-provide sanitizer test strips.

Who will provide the handwashing facility in each booth? Event Sponsor ☐ Booth Operator ☐

Who will provide the utensil washing facility in each booth? Event Sponsor ☐ Booth Operator ☐

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### **Submit a Site Map (Health and Safety Code section 114314)**

Submit site maps, 14 working days prior to event date, showing the general layout of the event indicating the proposed location of the following:

1. Food Booth Plan, specifications & location of each booth.
2. Indicate who will be providing handwashing setups for each food booth (sponsor or booth operator).
3. Show location of Potable Water Supply.
4. Show location of Toilet and Handwashing facilities and note the quantity at each location.
  - a.) Provide one toilet with inside soap, towels & hot water for every 15 food handlers (about 1 toilet per 4 booths).
  - b.) Provide additional toilets for the public.
5. Show location of Trash Disposal Containers (number).
6. Note if there are any Common Food Storage Facilities (Dry or Refrigerated storage).
7. Note the location of Liquid Waste Disposal Facilities/Bladders.
8. Write in the distances from food booths to all other facilities on site map.

**Miscellaneous Remarks** (i.e., dust control methods, first-aid facilities, lighting, equipment, etc).

[illegible]

## Approvals

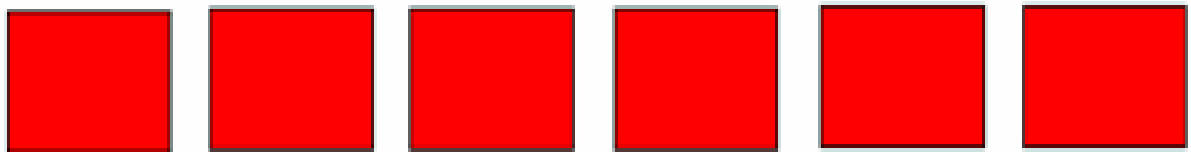
Sponsors shall obtain all required local City/County permits and approvals, e.g. Business License, Fire Department, Street Use and Insurance Carrier.

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Booths at Temporary Events in Madera County *Please complete all sides of the Application.* Page 5 of 6

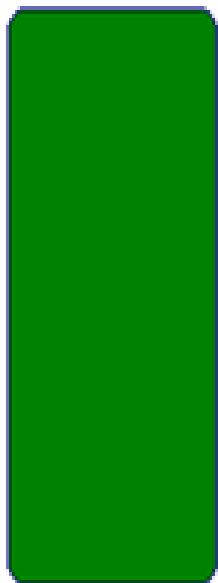
**Site Map**

Indicate on the space provided or attached sheet of paper the following: Location of each food booth, restroom facilities, shared utensil washing areas or stations, hand washing stations, janitorial facilities to be used by each food booth operators and their employees, trash disposal areas, and liquid waste disposal sites. Please indicate **North** direction represented by an arrow on the site map.

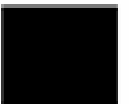
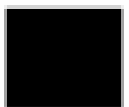
# SAMPLE COMMUNITY EVENT SITE MAP



*Food Booths*



*Center Stage*



*Vendors*



*Handwash Station*



*Restrooms*